MEDICAID MEMO

Last Updated: 03/09/2022

Update to the Technology Assisted Waiver Services (TAWS) Provider Manual

The purpose of this memorandum is to provide information regarding changes to the preauthorization (PA) process for Technology Assisted Waiver Services and to provide an explanation of the resulting updates to the *Technology Assisted Waiver Services Provider Manual*. Effective June 19, 2006, KePRO, DMAS' new PA Contractor, will accept PA requests for Assistive Technology and Environmental Modifications under the Technology Assisted Waiver. These changes in the prior authorization process do not apply to drugs on the Preferred Drug List (PDL), Medicaid contracted managed care organizations, dental services, transportation, MR & Day Support Waivers, These services will continue through the current vendors. Additionally, DMAS Medical Support Division will continue to handle prior authorization for the following procedures: organ transplants, gastric bypass, cosmetic procedures, and prostheses (excluding orthotics).

KePRO IS THE NEW DMAS PA CONTRACTOR

As indicated in the March, 20, 2006 Medicaid Memorandum, DMAS has contracted with KePRO, an innovative healthcare management solution company, to conduct PA for Medicaid, Family Access to Medical Insurance Security (FAMIS) and FAMIS Plus clients in the fee-for- service programs. KePRO was awarded the PA contract through the competitive bidding process based upon their ability to implement interactive web-based technology (iExchange) and to move the PA process from a primarily fax and paper-based process to a speedier, provider-friendly paperless process that the Department believes will reduce providers' administrative burden. KePRO will also maintain a process for providers who prefer to use a traditional paper based system, *i.e.* fax, mail, or telephone. As a result of the new contract, DMAS will be implementing changes to its PA procedures.

CHANGES RELATED TO TECHNOLOGY ASSISTED WAIVER SERVICES

DMAS will continue to process all Technology Assisted Waiver pre-authorization requests with a date of receipt up to and including, June 4, 2006 for Durable Medical Equipment and Supplies. Effective on and after June 5, 2006, KePRO will



MEDICAID MEMO

accept PA requests for Durable Medical Equipment and Supplies for individuals in the Technology Assisted Waiver. DMAS will continue to process all Technology Assisted Waiver pre-authorization requests with a date of receipt up to and including, June 18, 2006 for Assistive Technology and Environmental Modifications. Effective on and after June 19, 2006, KePRO will accept PA requests for Assistive Technology and Environmental Modifications for individuals enrolled in the Technology Assisted Waiver utilizing DMAS' criteria.

Training will be provided by KePRO regarding their PA process via webcasts on June 12, 2006. If you are interested in participating in the Tech Waiver WebEx training, please send an e-mail to: PAUR06@dmas.virginia.gov. Instructions will be sent to you prior to the training.

KePRO's hours of operation are from 8:00 a.m. to 7:00 p.m., Monday through Friday, EST (except on some state holidays). Information about PA is identified in the *Technology Assisted Waiver Services Provider Manual* and will also be available on the KePRO website in their Tech Waiver Reference Manual. A fax form for review submission will be available on the KePRO and DMAS websites. The waiver fax form and Tech Waiver Reference Manual are forthcoming.

The attached table shows the changes to the manual. Please download and insert the new pages in your manual and retain the attached table. The changes described in this Memorandum are effective **June 5**, **2006** for Durable Medical Equipment and **June 19**, **2006** for Assistive Technology and Environmental Modifications. The most notable changes include: (1) revisions to Chapter IV and (2) a Preauthorization Appendix D has been added.

- Prior Authorization for Durable Medical Equipment, Assistive Technology and Environmental Modifications will be completed by KePRO.
- DMAS will continue to enroll individuals in the Technology Assisted Waiver.
- Timeliness for the submission of Prior Authorization of waiver services will change as follows:

| Current Guidelines | New Guidelines |
|--------------------|----------------|
|--------------------|----------------|

MEDICAID MEMO

When insufficient information is received with the PA request for waiver services, the request is rejected and the provider must resubmit the entire request.

Assertive Technology and Environmental Modifications: When insufficient information is received with the PA request for waiver services, the request is pended and the provider has three business days to submit the required information.

DME:
When insufficient information is received with the PA request for waiver services,

the request

is pended and the provider has one business day to submit the required information. Providers are requested to Providers are requested to submit additional information submit additional information within 30 business days in within 14 business days in order to avoid a denial of order to avoid a denial of services. services. Reconsideration must be Automatic reconsideration is requested by the provider completed for any denial of within 30 days. waiver services by a KePRO Reconsideration is completed Physician reviewer (PEER for any denial of waiver review). Appeal rights are services by DMAS. Appeal given with all denial rights are given with all decisions. upheld denial decisions.

KePRO CONTACT INFORMATION

DMAS will continue to accept requests for initial enrollment via fax or mail. Once enrolled in the waiver, service requests for Environmental Modifications, Assistive Technology and DME PA may be submitted via iExchange (direct data entry through the web), fax, mail, or phone. The preferred method of submission for requesting service PA is through iExchange.



MEDICAID MEMO

To submit service requests via iExchange, log on to <u>DMAS.KePRO.org</u> and register for a provider web account. You must have a provider web account before submitting information through iExchange. To register for a web account, you must know your Medicaid provider number and tax identification number.

Submit requests via phone, fax, or mail to:

KePRO

Toll Free Phone: 1-888-VAPAUTH (1-888-827-2884)

Local Phone: (804) 622-8900

Fax: 1-877-OKBYFAX (1-877-652-9329)

2810 N. Parham Road, Suite 305

Richmond, VA 23294

ELIGIBILITY AND CLAIMS STATUS INFORMATION

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is http://virginia.fhsc.com. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

"HELPLINE"

KePRO can be reached at 1-888-VAPAUTH (1-888-827-2884) to answer your questions regarding prior authorizations. Submit requests or questions via phone, fax, or mail to:

KePRO

Toll Free Phone: 1-888-VAPAUTH (1-888-827-2884)

Local Phone: (804) 622-8900

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Fax: 1-877-OKBYFAX (1-877-652-9329)

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COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov. Refer to the "DMAS Content Menu" column on the left-hand side of the DMAS web page for the "Provider Services" link, which takes you to the "Manuals, Memos and Communications" link. This link opens up a page that contains all of the various communications to providers, including Provider Manuals and Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates requested.

PROVIDER E-NEWSLETTER SIGN-UP

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at www.dmas.virginia.gov/pr-provider newletter.asp.

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.